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Challenges Associated with Occupational Therapy in Nebraska

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CHALLENGES ASSOCIATED WITH OCCUPATIONAL THERAPY IN NEBRASKA

University Honors Program Thesis/Capstone/Creative Project

University of Nebraska at Omaha

Submitted by

Delaney Simmonds

May 2020

Katie A. Shirazi, PhD

UNIVERSITY OF NEBRASKA AT OMAHAHONORS THESIS/PROJECT/CREATIVE ACTIVITY ABSTRACT

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ABSTRACT OF THESIS:

As part of a fast-growing field, occupational therapists (OTs) in Nebraska face many challenges. This project utilizes interviews with local OTs, analysis of scholarly articles, and online databases in order to understand the challenges faced by OTs and how they may be improved upon at both an individual and a state level. The three most common settings for occupational therapists to be placed for fieldwork assignments and for work post-graduation are hospitals, schools, and skilled nursing facilities (AOTA State Affairs Group 2017). Interviews were carried out with occupational therapists working in these three settings in order to examine the similarities and differences between challenges that OTs in these three dominant practice settings face. While research provides an understanding of the problems faced by OTs as a whole, interviews with Nebraska OTs provide a link to how these problems may relate specifically to Nebraska. According to the interviewees, some challenges that OTs face in Nebraska are oversaturation, high caseload, and trouble with insurance coverage. This project aims to call attention to the aspects of occupational therapy that are in need of improvement while also providing prospective OTs with an understanding of how the three largest practice settings compare to one another.

Table of Contents

Introduction.....	4
Methods.....	6
Challenges Associated with Occupational Therapy in Nebraska	8
Oversaturation.....	8
Heavy Workload	10
Insurance Coverage.....	13
Conclusion	16
References.....	18
Appendix I	21
Appendix II	22
Appendix III.....	24
Appendix IV.....	25

Introduction

Occupational therapy can be defined as "a profession that helps people across the lifespan to do things they want and need to do through the therapeutic use of daily activities" (AOTA 2020). One currently practicing occupational therapist (OT) described it as a profession that helps patients to "regain their independence in whatever capacity that looks like to them" (Beth, personal interview, 2020). This profession works with individuals to help them either prevent or improve upon conditions associated with illness, injury, or disability. To achieve this, OTs will first work with their patients to understand their goals and establish a baseline of their skills before any intervention. After this, OTs will carry out a customized plan with their patients that will improve on the execution of the daily activities. As this plan is carried out, it will be evaluated and updated as needed to ensure that the goals set at the beginning are being met (AOTA 2020). Through these services, occupational therapy treatments can be very customizable for the patient and can allow for plenty of room for growth and change as time goes on.

Occupational therapists practice in many different settings. These settings can range from schools and small clinics to big hospitals, and also from short-term care to long-term care. For the purpose of this paper, the focus is on the three largest practice settings which are hospitals, schools, and skilled nursing facilities. These three practice settings account for about 66% of the field of occupational therapy when combined (AOTA State Affairs Group 2017). The hospital setting is generally short-term care and assists patients with conditions such as sudden illness and injury from an accident or a fall. The common role of OTs in the hospital setting is to assist patients with self-care acts such as brushing their teeth and recommend modifications to their everyday lives (Stromsdorfer 2019). Modifications can include tools such as hand railings near

the toilet or a seat in the shower. The end goal of this setting is to provide the patient with enough independence to be discharged. In the school setting, OTs work with K-12 students, parents, and teachers in order to maximize the student's school experience. They collaborate to work with their patients on many skills such as organization, teamwork, and self-care. This is carried out in one-on-one appointments with the student and OT and in group sessions with their peers (Fitzgerald, Lanigan O'Keeffe, & MacCobb 2011). The third largest setting is skilled nursing facilities which can be seen as the step after the hospital in which patients are cared for when they are unable to return home but they do not need the high level of care that is provided in a hospital setting (Lyon 2020). Here, OTs build on the care that was provided in the hospital and work with their patients to gain the independence needed to return home. This, for example, could apply to someone who had a fall and is recovered enough to no longer need full time care but still needs some assistance in getting used to an adaptive device like a walker.

These three practice settings are the main focus of this project as it aims to examine the challenges faced by OTs in Nebraska. To examine these challenges, a combination of interviews with local OTs and an analysis of scholarly articles and online databases were utilized. Research was carried out to understand challenges in the field as a whole while interviews with local OTs allowed for these challenges to be more focalized around Nebraska. These interviews also allowed for an examination of how challenges may differ between practice settings. The three challenges mentioned most frequently by the interviewees were oversaturation, heavy workload, and a lack of insurance coverage. These challenges and how they compare to other challenges that were mentioned can be seen in the included word cloud (Appendix I). This word cloud shows the most frequently mentioned challenges as the largest text and the lesser mentioned challenges as smaller text. The knowledge gained from these methods of research allows for an

understanding of what aspects of occupational therapy need improvement. It also allows for prospective OTs to understand how the three largest occupational therapy practice settings compare to one another. An understanding of these challenges will spark conversation and aid in the process of resolution and progress. The establishment of common problems and goals for OTs across the field will encourage collaboration and provide them with a desire to improve their situation. In all, this project serves to contribute to that conversation.

Methods

Research

The UNO Criss Library online database along with Google Scholar were used to find scholarly articles pertaining to occupational therapy. This portion of the project was not specific to Nebraska due to the limited amount of research existing on this topic. Articles ranged and covered topics such as occupational therapy as a whole, specific issues that exist in the field, and data analysis regarding the distribution of OTs. To find articles relating to the topic, keywords such as “occupational therapy”, “challenge”, and “setting” were searched before the challenges were established and the searches were narrowed down to pertain more specifically to those topics. Research provided this project with a backbone of information that the evaluation of interviews and establishment of challenges could build from.

Interview Process

Prior to the interviews, a consent form (Appendix II) was distributed to all interviewees. This form ensured that the participants were aware of the project goals along with where the information would be going and the methods by which it would be recorded. It also explained

the participant's right to withdraw from the interview at any time and their right to consult with the researcher if they felt that their statements needed to be adjusted to better clarify their points. Consent forms were signed by the interviewees and given to the researcher prior to each interview in order to ensure their understanding of the process and their willingness to participate in the study.

The format of the interview followed a predetermined list of questions (Appendix III) to ensure that each interview was carried out in a similar fashion. Questions covered topics such as the process of schooling, challenges the interviewees encounter in the field, and ways to overcome these challenges. These questions aimed to identify challenges that OTs face in their specific practice setting along with challenges they observe in the field as a whole. They also aimed to understand the roles that each of the interviewees play in the field of OT and how they personally feel their educational journey contributed to this role. In all, there were fourteen interview questions provided to the interviewees. Three interviews were carried out in total and included one interview with an OT from each practice setting. Two of the interviews were carried out in person while the third was done via email. The in-person interviews were recorded via a Sony digital voice recorder and then manually transcribed. The length for the in-person interviews ranged from 7 to 14 minutes due to the varying lengths of the interviewee responses.

As mentioned in the consent form, there were no anticipated risks to the participants throughout this project and their privacy was of the utmost importance. To ensure their privacy, interviewees were kept anonymous through the use of pseudonyms. The first interview was with Beth who works in a hospital setting in acute and critical care. The second interview was with Laura who works in a school setting and specializes in pediatric motor development. Both of these interviews were completed in person at their place of work. The final interview was

completed via email and was with Sherri who works in a skilled nursing facility with an elderly population of long term, outpatient, and skilled rehabilitation patients. All three interviewees attended school in Nebraska for their undergraduate degrees and for occupational therapy professional school.

Challenges Associated with Occupational Therapy in Nebraska

Oversaturation

When asked the question “What challenges do OTs face in Nebraska?”, all three interviewees mentioned a lack of jobs or an oversaturation of the field in the state of Nebraska. This issue does not necessarily affect them specifically since all three interviewees already have a job established, however this problem is clearly at the forefront of their minds as it was the first problem that they each expressed when asked. Beth explained that it can be an issue with students both as they go through schooling and look for locations to do their fieldwork assignments and as they are graduating their programs and searching for a job as a certified OT (Beth, personal interview, 2020). All three interviewees explained that there is a concern regarding the number of occupational therapy programs that are available in Nebraska and how this affects the number of OT jobs available.

There are three ACOTE (Accreditation Council for Occupational Therapy Education) accredited schools located in Nebraska (Pawar 2019). In order to be an ACOTE accredited school, the program must meet a certain level of standards set in place by the council and must be reviewed periodically in order to maintain its eligibility. Of the three schools, one is a doctorate-level program while the other two are masters-level. All three of these programs are located in Omaha, Nebraska within just seven miles of one another. The doctorate-level program

in Nebraska is located at Creighton University and accepts about 85 students each year. The two masters-level programs are at College of Saint Mary and Nebraska Methodist College, and they accept about 60 and 24 students, respectively, each year (Pawar 2019). Along with these three schools, there is also another doctorate-level program being developed at the University of Nebraska Medical Center (UNMC). This program is expected to begin taking applicants in 2021 for its first students to begin school in the fall of 2022. They expect to accept 42-46 students each year (UNMC 2020). In total, there are roughly 100 students graduating from the three available programs each year, not including the students that will be added by the UNMC program (U.S. Bureau of Labor Statistics 2019).

A comparison of the number of graduates from the Nebraska occupational therapy programs to the number of regulated OTs in Nebraska between the years of 2017 and 2019 can be seen in Appendix IV. This graph shows that there were over eleven times more OTs already working in Nebraska than there were graduates in that span of three years. This illustrates the idea that these 102 graduates are entering an already very large population of OTs in Nebraska each year. Unless there is a large increase in the job field in Nebraska or in the number of OTs exiting the field, these graduates will likely have some difficulty obtaining a job in Nebraska.

Not only can oversaturation be a problem when looking for a job post-graduation, it can also be a problem when looking for fieldwork assignments while still in school. A large part of the curriculum in ACOTE accredited schools is fieldwork. This is an opportunity for students to learn outside of the classroom by working alongside a practicing OT for varying lengths of time. An example of fieldwork requirements can be seen in Creighton University's curriculum. They require three levels of fieldwork with the first level being only a few weeks long while the final level is an entire semester in length (Creighton University 2016). To find a setting to carry out

their fieldwork requirements, a student must first work with their program to find an OT in their area that is willing to accept them. While there are many practicing OTs in Nebraska (as previously mentioned) this can still be a challenge when there are such large class sizes each year and all of these students are searching for fieldwork assignments at the same time, and many are looking in the same city (Omaha, Nebraska).

Oversaturation is clearly a problem at the forefront of the minds of the OTs interviewed, however it seems to be a problem that is more specific to Nebraska rather than the field as a whole. According to the U.S. Bureau of Labor statistics (2019), the job outlook for an OT from 2018-2028 is looking very promising with an 18% proposed increase in jobs. If this is the case, then the field can be expected to continue to grow and accommodate its incoming students across the United States as a whole. For Nebraska, a proposed solution for solving this issue of oversaturation is for graduates to understand that they might have to move out of the state to find work post-graduation. A willingness to move out of state would give new OTs a chance to separate themselves from the large level of Nebraska graduates each year and place themselves in an area that may be less saturated and more in need of OTs that have just received their certification.

Heavy Workload

A second OT challenge indicated during the interviews is heavy workload. As with many other professions, especially in the healthcare field, high workload and stress can be seen as an integral part of the job for OTs. This problem can be seen across the board and does not seem to be specific to OTs located in Nebraska (Ellenberg 1996). High workloads can be known to increase the risk of alcohol and drug abuse, depression, and suicide in doctors (Shapiro, *et al.*

2000). Along with this, a study looking at general practitioners (GPs) in the Netherlands found that GPs with more time per patient experienced less job stress and higher scores when rated on the quality of their care (Homborgh *et al.* 2009). From this, we can deduce that patients may receive better quality of care when their healthcare providers are experiencing less stress and can devote more time to their needs. Despite this knowledge, OTs are still expected to fill a variety of roles. They must balance a high caseload and fulfill many other duties such as showcasing the effectiveness of their treatments and potentially continuing their education to gain extra certifications in their field (Ellenberg 1996 & Chandler 2019).

A large contributor to an OTs heavy workload is the large amount of patients assigned to each practitioner. During her interview, Laura (who works as an OT in the school setting) explained that she can struggle with the workload she is given and how to complete it all in an efficient way while still being effective (Laura, personal interview, 2020). There is not much regulation, especially in the school setting, on how many cases are assigned to each OT at a time. The hospital setting can also be described as having a high patient turnover and being “intense” (Beth, personal interview, 2020). According to a survey of 136 OTs working in Michigan schools, an important area that needs addressing when preparing OTs is time management and how they can deal with the large caseloads (Powell 2014). These survey results indicate that OTs in the school setting may be feeling underprepared when it comes to juggling their many patients. It is unclear if this high caseload issue affects other occupational therapy settings as well.

Another large contributor to heavy workloads for OTs, is the need to understand and explain the effectiveness of their treatments in order to be paid fairly. OTs must show that their services make a difference and are important and necessary in order to continue taking in

patients and practicing. They feel as though they have to “design, implement, and conduct outcomes research within their rehabilitation facilities” (Ellenberg 1996). They aim to find a connection between their interventions and the outcomes that they observe in their patients. Not only does this research need to be carried out to ensure that they continue to hold the trust of their patients, but it also brings the field of occupational therapy to light in national health databases and showcases their importance to the healthcare field. It is clear that this extra role is important and must be carried out, however, it could be seen as a large job to ask of OTs when they are already in charge of so many other tasks.

Another extra task that many OTs take on is that of continuing their education to receive additional certifications in the field. These certifications can allow them to find a more specialized career path that is better aligned with their personal interests. They also allow for OTs to improve their credentials and gain a deeper understanding of the types of care that they are providing their patients with. Some examples of certifications include gerontology (BCG), mental health (BCMh), and feeding, eating, and swallowing (SCFES) (Chandler 2019). Two of the interviewees, Laura and Sherri, shared that they had extra certifications in the field. Laura has a TAMO certification which is for motor development in infants (Laura, personal interview, 2020), and Sherri has a certification in handwriting without tears for school settings (Sherri, personal interview, 2020). Handwriting without tears is a curriculum that teaches children the skills involved in handwriting in a fun and appropriate way (Learning Without Tears 2019). While this extra task of getting certifications can improve the experience that many OTs have in the field, it can also be an added stressor. It generally requires a fee and often requires them to log extra time, both in and out of the classroom, that corresponds to the specialty that they are pursuing.

The requirement to complete additional tasks in the field of occupational therapy combines with the large caseloads to overwhelm OTs and add unnecessary stress. In fact, having too much work and not enough time to do it was found to be the largest contributor to stress in a study of occupational therapists in Sweden (Wressle & Samuelsson 2014). The challenge of a heavy workload is a problem that seems to be encountered across the entire field of OT rather than specifically in Nebraska, which can make it even more challenging to implement changes that can alleviate this extra work and stress. However, interviewees did provide some proposed solutions to the challenge. One way to combat this heavy workload is reaching out to the OTs that work alongside them in their setting. All the Interviewees explained that their coworkers are always available to assist them if needed. Beth also mentioned the concept of a “take five” which allows for healthcare workers to take a break in order to process hard events and return back to work with a clear head (Beth, personal interview, 2020). Aside from these stress relieving strategies, Laura also expressed a belief that workplaces would benefit from a regulated number of cases per OT (Laura, personal interview, 2020). This would allow for them to maximize their effectiveness and also reduce their workload.

Insurance Coverage

A final challenge that is often experienced in the field of occupational therapy and the healthcare field as a whole is a lack of insurance coverage. Sherri listed this as one of the main issues that she currently faces in her work setting. She explained that some insurance companies control how long they are able to see patients and may even deny their patients coverage or get them discharged too soon in order to save money (Sherri, personal interview, 2020). These insurance problems that affect their patients can also affect OTs in the long run as they are forced

to alter their course of care or take extra action in order to overcome this obstacle and serve their patients properly and effectively.

Sherri explained in her interview that they commonly encounter issues with insurance systems such as Humana, UnitedHealthcare, and Medicare (Sherri, personal interview, 2020). An example of an issue that OTs may encounter with one of these systems is that the Medicare Part B insurance plan often caps at \$1,980 a year for occupational therapy services (Carvalho *et al.*, 2017). Insurance coverage can vary depending on factors such as the frequency of appointments and the necessity of the treatment, and there is often the possibility of patients paying out-of-pocket for their treatments. When patients have to pay out of pocket, this can cause many to forgo important treatments, which leads to the patient losing a service that would help them regain their independence and leads to the OT losing experience and income.

While payment is a problem for patients with health insurance, it is an even greater problem for those without it. The average cost of a single evaluation by an OT in 2012 was \$145 for those without insurance. Therapy beyond this evaluation could range anywhere from \$32 to \$203 per visit depending on the type of service provided. This is much larger than the cost of a visit to those with insurance which can range from \$3 to \$26 (Pergolotti *et al.*, 2018). It is clear that while full insurance coverage for occupational therapy may be difficult to come by any insurance is still better than none at all. Often the patients that are the most in need of treatments can be the most affected by the high prices per visit and therefore can be even more likely to forgo treatments. In fact, they may even be discouraged from getting evaluated by an OT to begin with due to the steep price associated with a first visit. In a study of adults with disabilities in the United States, it was found that a discontinuation of coverage for occupational therapy

caused the patients to experience consequences both physically and mentally along with a decrease in their independence (Pergolotti *et al.*, 2018).

There are clear consequences to the patients when they are unable to receive the care that they require, but the issue of no insurance also heavily affects OTs as it leads to a decrease in patients and income. In order to maintain their income, OTs may resort to focusing their treatments on the quantity and the cost rather than the quality and the results. If patients are only covered by insurance to a specific price cap, then the OTs must resort to packing in as much care as they can into fewer visits. This can cause their quality of care to suffer because they may have to rush through certain aspects of the treatment plan in order to complete the plan in their limited time frame. This could be beneficial to the patient as they are receiving care without the threat of reaching their insurance cap, but it causes OTs to have to review and adjust their treatment plans. Occupational therapists may also be required to spend more time assisting patients in obtaining insurance coverage, and this can add another task to their list and contribute to the heavy workload that was discussed previously.

The lack of insurance coverage for patients can have effects on both the patients and their OTs. OTs may experience a decrease in the amount of patients, an expectation to alter their treatment plans to make them more efficient, and additional tasks added to their workload. To overcome this challenge of a lack of insurance coverage, some changes can be made both on the individual level and across the field as a whole. Sherri suggested that it can be beneficial for OTs to research ways to make the most of what time they do have with their patients (Sherri, personal interview, 2020). This would allow for OTs to reduce the amount of time that their patients need to see them for treatment while also ensuring that OTs are maximizing their treatments and doing all that they can for their patients. An example of making the most of their time would be to

teach their patients strategies to carry out their treatments on their own such as providing them with adaptive equipment to practice with at home. An example of this would be a sock aid which allows for socks to be put on despite limited mobility of the back or legs (Eustice 2020). Another way to overcome this challenge is by training inpatient staff in some occupational therapy practices so they can assist patients when insurance may not cover an OT. For example, this training could be provided to nurses in long-term care facilities as they spend much more time with the patients than their OTs do. Finally, the field as a whole can benefit from the constant changes and new regulations being made in insurance coverage. As the field grows, it aims to see growth in the amount of coverage provided to patients.

Conclusion

This project aimed to call attention to the challenges associated with occupational therapy in Nebraska. The main challenges that were established were oversaturation, a heavy workload, and a lack of insurance coverage. In general, these problems seemed to be similarly reflected in both occupational therapy in Nebraska and the profession of occupational therapy as a whole. However, oversaturation of the field seems to be more specific to Nebraska due to the large number of ACOTE accredited schools in the area. All problems presented by the interviewees were similarly reflected in the scholarly articles reviewed throughout this project which serves to verify the idea that the problems may be visible throughout the entire field.

Not only were the challenges similar between Nebraska and the field as a whole, they were also similar between the hospital, school, and skilled nursing facility settings. All three of the challenges that were discussed seemed to be similarly reflected among the three largest occupational therapy practice settings which were considered in this project. The oversaturation

of the field leads to high numbers of graduates attempting to enter all types of practice settings. Lack of insurance coverage is also seen equally across all three practice settings when consulting scholarly articles, but it was only mentioned by the interviewee practicing in the skilled nursing facility. Finally, although the contributing factors may differ between practice settings, high workload does seem to be a large problem that was observed across all three practice settings.

Although this project only looked at three OTs in three different settings, it did provide a better understanding of the challenges faced by OTs in Nebraska. The field of occupational therapy could benefit from a larger study similar to this in which interviews are carried out with a larger pool of participants from across the whole country. More participation would allow for researchers to analyze the prevalence of each challenge and how it compares across many different settings. This could provide a better understanding of occupational therapy as a profession, its challenges, and how those challenges can be improved upon. Overall, much is being done to improve on the challenges that currently exist in the field and the outlook for the next ten years is promising.

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Appendix I

This word cloud shows OT challenges represented by the frequency in which they were stated during the interviews. The larger the word is the more frequently it was stated (generated using Word It Out 2020).

Appendix II: Consent form given to interviewees prior to interview**Challenges Associated with Occupational Therapy in Nebraska****Research Investigator:** Delaney Simmonds, dsimmonds572@gmail.com**Honors Faculty Advisor:** Dr. Katie Shirazi, kshirazi@unomaha.edu**Research Participants Name:** _____

Thank you for agreeing to be interviewed as part of the above research project. This project aims to examine the challenges faced by occupational therapists in Nebraska while also providing prospective occupational therapists with an understanding of the three largest practice settings: Hospitals, schools, and skilled nursing facilities. This interview will take around twenty minutes and will include questions surrounding your experiences regarding occupational therapy both in your education and in your current practice.

We do not anticipate that there are any risks associated with your participation, but you have the right to stop the interview or withdraw from the research at any time. Please take the time to read the accompanying information and then sign this form to certify that you approve the following:

- This interview will be recorded and a transcript will be produced. If you would like a copy of the transcript, it can be provided.
- The transcript of the interview will be analyzed by Delaney Simmonds as the research investigator. Access to the interview transcript will be limited to Delaney and her faculty advisor, Katie Shirazi.
- Any summary interview content or direct quotations from the interview that are made available through academic publication or other academic outlets will be anonymized so that you cannot be identified. Care will also be taken to ensure that other information in the interview that could identify you is not revealed.
- The recording will be stored securely.
- Any variation of the conditions above will only occur with your further explicit approval.

By signing this form I agree that:

1. I am voluntarily taking part in this project and can stop it at any time.
2. The transcribed interviews or extracts from it may be used as described above.
3. I have read the information sheet.
4. I don't expect to receive any benefit or payment for my participation.
5. I can request a copy of the transcript.
6. I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
7. I understand that I am free to contact the researcher with any questions I may have in the future.

Appendix II: Consent form given to interviewees prior to interview (cont.)

Printed Name

Participants Signature

Date

Researchers Signature

Date

Appendix III: Interview questions

Name of Interviewee:

Date of Interview:

Where did you go to school for your undergraduate degree?

Did you remain in the same state for OT school? Where did you go?

What did you find challenging about OT school?

What did you find to be most beneficial?

What do you wish you would have been taught in OT school?

Did you feel that your fieldwork assignments were beneficial when deciding your career path?

What is your OT setting and what made you decide to work in that setting?

Do you have any additional certifications or specialties in the field?

How would you define occupational therapy?

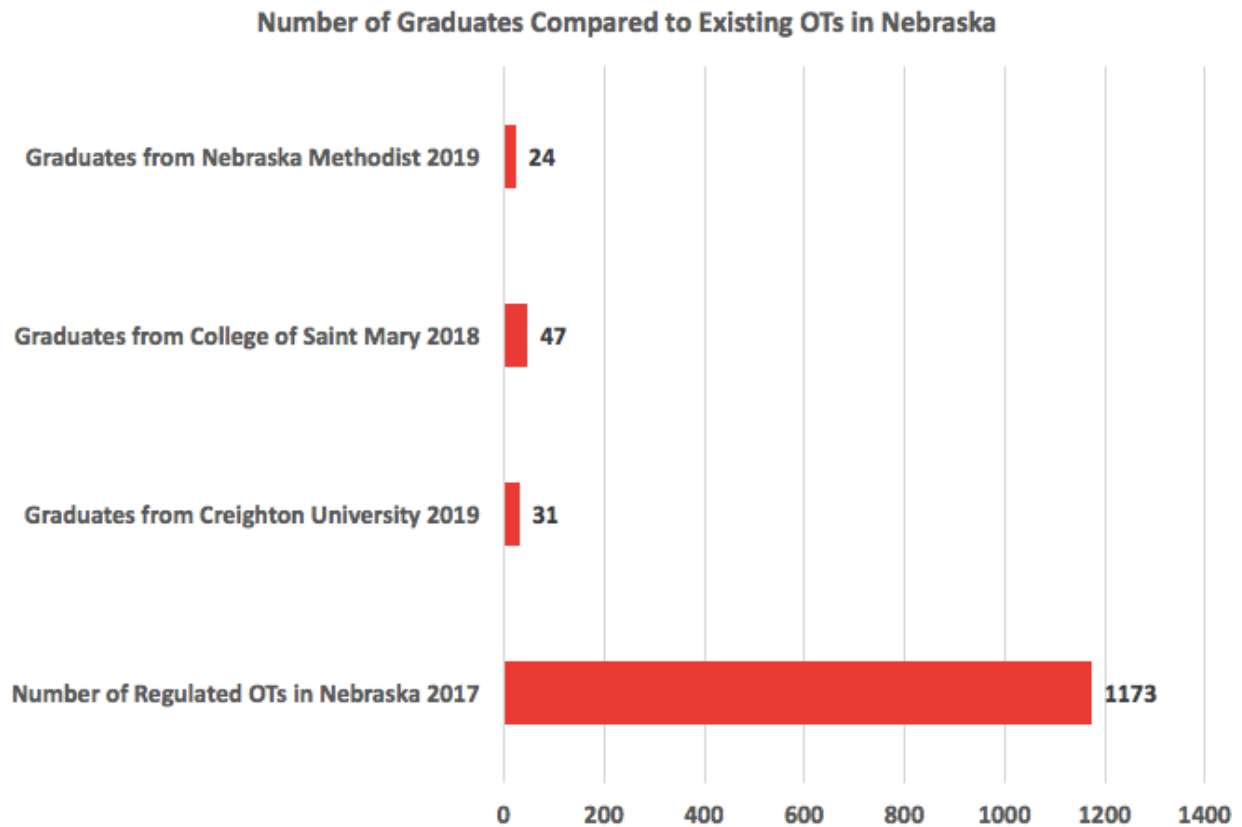
What challenges do you think occupational therapists face in Nebraska?

Have you experienced any cultural or language barriers while practicing?

What challenges do you face that you feel are unique to your work setting?

How do you overcome these challenges individually?

Would any changes in the field, as a whole, be beneficial in overcoming these challenges?

Appendix IV

This figure compares recently graduated OTs and already existing OTs in Nebraska (figure was generated using data from the U.S. Bureau of Labor Statistics 2019).